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|---|--|--------------------------------------|----------------|---------------|------------------------|------------|---|--------|----------------|--|
| APPLICANTS  |  |                                      |                |               |                        |            |   |        |                |  |
| Charles L. C  | Charles L. Compton, Philadelphia, PA;                        |                                      |                |               |                        |            |   |        |                |  |
| Richard M. Woundy, North Reading, MA;<br>John G. Leddy, Philiadelphia, PA;                  |  |                                      |                |               |                        |            |   |        |                |  |
| ** CONTINUING D   | ** CONTINUING DATA **********************************        |                                      |                |               |                        |            |   |        |                |  |
| None 9L   |  |                                      |                |               |                        |            |   |        |                |  |
| ** FOREIGN APPL   | ** FOREIGN APPLICATIONS ************************************ |                                      |                |               |                        |            |   |        |                |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/27/2004                                   |  |                                      |                |               |                        |            |   |        |                |  |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditi  |  | yes on no                            | !              | STATE OR      | SHF                    | EETS       | тоти                                    | AL     | INDEPENDENT    |  |
| met Verified and Acknowledged   | $\triangleleft$  | Allowance 9 Met after Signature Init | itials         | COUNTRY<br>PA |                        | AWING CLA  |   |        | CLAIMS<br>3    |  |
| ADDRESS 22045 BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR SOUTHFIELD, MI 48075 |  |                                      |                |               |                        |            |   |        |                |  |
| TITLE<br>Apparatus and method for providing HFC forward path spectrum                       |  |                                      |                |               |                        |            |   |        |                |  |
|   |  |                                      |                |               |                        | ☐ All I    | Fees                                    |        |                |  |
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|  | Other    |
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